Counseling Guide – Nutrition – Children 12 –60 months

Health Outcome: Achieves optimal growth and development in a nurturing environment and begins to acquire dietary and lifestyle habits associated with a lifetime of good health.

Assessment Topics Critical Thinking Questions	Suggested Counseling	Referral Information and Resources
• **Caregiver:** How would you describe your child's appetite?	The interactions and communication between a caregiver and child during feeding and eating influence a child's ability to progress in eating skills and consume a nutritionally adequate diet. These interactions comprise the "feeding relationship". A dysfunctional feeding relationship, which could be characterized by a caregiver misinterpreting, ignoring, or overruling a young child's innate capability to regulate food intake based on hunger, appetite and satiety, can result in poor dietary intake and impaired growth. Parents who consistently attempt to control their children's food intake may give children few opportunities to learn to control their own food intake. This could result in inadequate or excessive food intake, future problems with food intake regulation, and problems with growth and nutritional status. Instead of using approaches such as bribery, rigid control, struggles, or short-order cooking to manage eating, a healthier approach is for parents to provide nutritious, safe foods at regular meals and snacks, allowing children to decide how much, if any, they eat. (1)	**Referral(s)** • Refer to RD if: eating pattern is not appropriate for age. • Refer to physician if: taking excessive or inappropriate prescribed or non-prescribed supplements. • Refer to dentist if: assessment reveals bleeding gums, gum infections or participant's ability to eat or chew is limited due to dental problems. • Refer to food assistant Programs if: insufficient food or resources for food. • Refer to county health department or local water company if: safety of water supply is an issue or unknown.
What do you do when your child does not want to eat or only wants to eat a certain kind of food?	Feeding practices that caregivers can use to facilitate a successful transition from infancy to childhood include: • Offering a variety of developmentally appropriate nutritious foods; • Preparing meals that are pleasing to the eye and include a variety of colors and textures; • Setting a good example by eating a variety of foods; • Providing structure by scheduling regular meal and snack times; • Allowing the child to develop eating/self-feeding skills; and • Eating with the child in a pleasant mealtime environment without coercion. (1)	
Does your child frequently choke or gag on food?	Children (12–23 mo) have not fully developed their oral-motor skills for chewing and swallowing. For this reason, they should be fed foods of an appropriate consistency, size, and shape. Foods commonly implicated in choking include hot dogs, hard, gooey or sticky candy, nuts and seeds, chewing gum, grapes, raisins, popcorn, peanut butter, hard pieces of raw fruits and vegetables, and chunks of meat or cheese. (1)	

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• **Meal Pattern:** How many times a day does your child eat, including meals and snacks? In a day, how many meals or snacks are eaten in front of the TV?	Encourage the importance of consuming regular meals and snacks, which leads to a diet that is sufficient in calories and essential nutrients. (2) Make family mealtimes pleasant and companionable. Encourage conversation. Try to reduce distractions (e.g. TV) during meals and snacks. (2)	**Staff Resources** Nutrition Training Manual (formerly STTM Vol II) Bright Futures In Practice: Nutrition Bright Futures in Practice: Essential in Oral Health Missouri Dental Services http://www.modental.org/
• **Eating Patterns:** Does your child eat foods such as unpasteurized fruit or vegetable juice, dairy products, and soft cheeses, raw or undercooked meat, fish, chicken, turkey or eggs, or raw vegetable sprouts, undercooked or raw tofu, or uncooked luncheon meats, deli meats, hot dogs?	To prevent food-borne illness, the foods listed should not be fed to young children or infants. All of these foods have been implicated in selected outbreaks of food-borne illness, including in children. ***Unpasteurized fruit or vegetable juice***-- Unpasteurized juice may contain pathogens, such as Escherichia coli, Salmonella, and Cryptosporidium organisms. These organisms can cause serious disease, such as hemolytic-uremic syndrome, and should never be fed to infants and children. ***Unpasteurized dairy products or soft cheeses*** such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese-- these foods could contain Listeria bacteria (hard cheeses, processed cheeses, cream cheese, cottage cheese, and yogurt need not be avoided) *unpasteurized dairy products* could contain harmful bacteria, such as Brucella species, that could cause young children to contract a dangerous food borne illness. ***Raw or undercooked meat, fish, chicken, turkey, or eggs***—or shellfish, including oysters, clams, mussels, and scallops—these foods may contain harmful bacteria or parasites that could cause children to contract a dangerous food borne illness. ***Raw vegetable sprouts (alfalfa, clover, bean, and radish)--***Sprouts can cause potentially dangerous Salmonella and E. coli O157 infection. Sprouts grown under clean conditions in the home also present a risk because bacteria may be present in seeds. Cook sprouts to significantly reduce the risk of illness. ***Undercooked or raw tofu***-- *Yersinia enterocolitica* bacteria has been found in tofu and causes yersiniosis. It is sensitive to heat and is destroyed by adequate cooking. ***Uncooked luncheon meats, deli meats, and hot dogs*** These foods have been found to be contaminated with *Listeria monocytogenes*; if adequately cooked (steaming hot), this bacteria is destroyed. (1)	**Participant Resource:** Daily food guide for children, ages 1 to 3 years Daily food guide for children, ages 4 – 6 years **http://www.dhss.mo.gov/warehouse/e-l-wicns.html**

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Is your child following a special diet?	***Highly restrictive*** diets prevent adequate intake of nutrients, interfere with growth and development, and may lead to other adverse physiological effects. ***Vegetarian diets*** that are well balanced with dairy products and eggs are generally associated with good health. However, strict vegan diets may be inadequate in calories, vitamin B12, vitamin D, calcium, iron, protein and essential amino acids needed for growth and development. (1)	
• **Beverages:** Does your child drink milk? If yes, what type?	Goat's milk, sheep's milk, imitation milks and substitute milks do not contain nutrients in amounts appropriate as a primary milk source for children. Non-fat and reduced-fat milks are not recommended for use with children from 1 to 2 years of age because of the lower calorie density compared with whole-fat products. Children under two using reduced fat milks gain at a slower growth rate, lose body fat as evidenced by skinfold thickness, lose energy reserves, and are at risk of inadequate intake of essential fatty acids. (1)	
What other beverages does your child drink in a typical day?	Abundant epidemiologic evidence from groups who have consumed low quantities of sugar as well as from those who have consumed high quantities shows that sugar—especially sucrose—is the major dietary factor affecting dental caries prevalence and progression. Consumption of foods and beverages high in fermentable carbohydrates, such as sucrose, increases the risk of early childhood caries and tooth decay. (1)	
What is your child's main water source and is it fluoridated and has it been tested for bacteria and nitrates?	***Fluoridation:*** Regular and frequent exposure to low doses of fluoride is the best way to protect against dental caries. The primary factor in reducing the prevalence of dental caries among children in the United States has been the widespread availability of fluoride. Mechanisms by which fluoride reduces decay include: • Increased resistance of the tooth structure to demineralization; • Enhanced remineralization of early carious lesions; • Reduced cariogenic activity of dental plaque, through disruption of bacterial metabolism and function. The dental professional should determine the appropriate fluoride program, based upon the child's age, history of caries, current level of exposure to fluoride, and apparent susceptibility to develop caries in the future. (4)	
• **Baby Bottle and Sippy Cups:** Does your child drink from a baby bottle?	Use of a bottle or cup, containing fermentable carbohydrates, without restriction is a risk because the more times a child consumes solid or liquid food, the higher the caries risk.	

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Does your child take the bottle or sippy cup to bed at night or at naptime? Does your child carry around a bottle or sippy cup during the day?	Undiagnosed dental caries and other oral pain may contribute to feeding problems and failure to thrive in young children. Cariogenic snacks eaten between meals place the toddler most at risk for caries development; this includes the habit of continually sipping from cups (or bottles) containing cariogenic liquids (juice, milk, soda, or sweetened liquid. If inappropriate use of the bottle persists, the child is at risk of toothaches, costly dental treatment, loss of primary teeth, and developmental lags on eating and chewing. If this continues beyond the usual weaning period, (12 –14 months) there is a risk of decay to permanent teeth. (1)	
• **Supplements:** Does your child take any vitamins, minerals, herbs or herbal supplements?	Depending on a child's specific needs and environmental circumstances, certain dietary supplements may be recommended by the child's health care provider to ensure health. For example, fluoride supplements may be of benefit in reducing dental decay for children living in fluoride-deficient areas. (1)	
• **Food Security:** In the past month, did you or anyone in your household ever eat less than you felt you should because there wasn't enough money for food? Does your family participate in any food or nutrition programs?	Assess community availability, participation in food assistance programs, and equipment for food preparation and storage. (3) Discuss government-assisted programs with caregiver. Families with limited income may offer inappropriate foods to their children. Appropriate foods foster the development of feeding skills and limit the likelihood of choking. Early Head Start supports families in their efforts to become economically self-sufficient, increases their use of community services, and helps families with coping strategies. Parents as Teachers, provides parenting support. Other food assistance programs may be available to help provide food and or formula.	

References:

1. Revision 8: Justification and References: Revision 8 National WIC Policy Memorandum 98-9, Risk Revision 8.
2. Bright Futures in Practice, Nutrition, Second Edition, US. Department of Health and Human Services, Health Resources and Services Administration.
3. USDA, FNS. Value Enhanced Nutrition Assessment in WIC, 2006.
4. Bright Futures in Practice, Essentials of Oral Health, First Edition, US. Department of Health and Human Services, Health Resources and Services Adm.